PENNSTATE

# Employee Travel ERS Worksheet

**This form is required to be completed by employees who do not prepare their own reimbursement requests using the ERS online travel system.**

Traveler's name _____ Access/User _____

Report Name _____ Daytime Phone # _____

Business Purpose _____

Notes _____

**ITINERARY**

| DEPARTURE | | | ARRIVAL | | |
|---|---|---|---|---|---|
| **Location** | **Date** | **Time** | **Location** | **Date** | **Time** |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Was personal travel combined with this business trip?** Yes ☐ No ☐ (If yes, please provide personal travel dates, below)

Dates: _____

| Receipt Required? | Expense Type | PCard | Amount: PCard | Amount: Out of Pocket / Personal Credit Card |
|---|---|---|---|---|
| Yes | Airfare (DBAF used? Yes ☐ No ☐ ) | ☐ | | |
| Yes | Other Long Distance Transportation: Bus /Trains? | ☐ | | |
| No | Local Metro / Subway / City Bus / Tolls | ☐ | | |
| No | Mileage (if personal vehicle) _____ miles @ 48.5 cents/mile | | | 0.00 |
| Yes | Rental Car (VRES used? Yes ☐ No ☐ ) | ☐ | | |
| Yes | Fuel (Rental Car Only) | ☐ | | |
| Yes | Taxi/Shuttle/Limo | ☐ | | |
| Yes | Parking | ☐ | | |
| Yes | Lodging (if OCONUS use attached sheet for calculation) | ☐ | | |
| No | Meal Per Diem (from attached sheet) | ☐ | | |
| Yes | Group Meals | ☐ | | |
| Yes | Seminar/Conference Registration | ☐ | | |
| No | Miscellaneous (Max. $5 a day) – Please List: _____ | | | |
| Yes | Other (Please List): _____ | | | |
| | | **Estimated Total** | 0.00 | |

| | |
|---|---|
| Less non-reimbursed P-Card charges (personal or expenses covered by per diem) | ( ) |
| Less Reimbursement Reduction | ( ) |
| Less Cash Advance FO ☐ SRFC ☐ (Document #: _____) | ( ) |
| * Estimated Amount Due Traveler (or Returned to the University) | |

*** The per diem amounts are the maximum reimbursement allowance. The actual per diem reimbursement may be adjusted for single day or partial day travel.**

**Distribution of Total Allowable Reimbursement (if known)**

| Budget Number | Fund Number | Fund Name | Object Code | Cost Center/Project # | Amount |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Traveler's name: _____

## Continental United States (CONUS) Worksheet

**Private Residence Actual Expense (Employees on Travel Status Only)**

| Name | Address | Number of Nights | Total Amount (Max $25/Night) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | **Total Lodging Expense (Add amount to Lodging line on page 1)** | | 0.00 |

**Meal Per Diem Expense:** **abs.psu.edu/travelrates/CONUS** (copy and paste URL in a new window/tab)

**List each day that meals were provided for you on a separate line**

| | | | Daily Meal Per Diem | | Meals Provided by Host (Exclude) | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Dates | Location | # of Days | Meals | Inci-dental | All Meals | Break - fast 20% | Lunch 30% | Dinner 50% | Total Per Diem |
| | | 1 | | | ☐ | ☐ | ☐ | ☐ | 0.00 |
| | | 1 | | | ☐ | ☐ | ☐ | ☐ | 0.00 |
| | | 1 | | | ☐ | ☐ | ☐ | ☐ | 0.00 |
| | | 1 | | | ☐ | ☐ | ☐ | ☐ | 0.00 |
| | | 1 | | | ☐ | ☐ | ☐ | ☐ | 0.00 |
| | | 1 | | | ☐ | ☐ | ☐ | ☐ | 0.00 |
| | **Total Meal Per Diem (carry amount forward to Per Diem line on page 1)** | | | | | | | | 0.00 |

## Outside Continental United States (OCONUS) Worksheet

**Per Diem Lodging Expense:** **abs.psu.edu/travelrates/OCONUS/** (copy and paste URL in a new window/tab)

| Dates At Location | Location | Lodging Per Diem | Number of Nights | Total Per Diem |
|---|---|---|---|---|
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | **Total Lodging Expense (Add amount to Lodging line on page 1)** | | | 0.00 |

**Meal Per Diem Expense:** **abs.psu.edu/travelrates/OCONUS/** (copy and paste URL in a new window/tab)

**List each day that meals were provided for you on a separate line**

| | | | Daily Meal Per Diem | | Meals Provided by Host (Exclude) | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Dates | Location | # of Days | Meals | Inci-dental | All Meals | Break - fast 20% | Lunch 30% | Dinner 50% | Total Per Diem |
| | | 1 | | | ☐ | ☐ | ☐ | ☐ | 0.00 |
| | | 1 | | | ☐ | ☐ | ☐ | ☐ | 0.00 |
| | | 1 | | | ☐ | ☐ | ☐ | ☐ | 0.00 |
| | | 1 | | | ☐ | ☐ | ☐ | ☐ | 0.00 |
| | | 1 | | | ☐ | ☐ | ☐ | ☐ | 0.00 |
| | | 1 | | | ☐ | ☐ | ☐ | ☐ | 0.00 |
| | | 1 | | | ☐ | ☐ | ☐ | ☐ | 0.00 |
| | **Total Meal Per Diem (carry amount forward to Per Diem line on page 1)** | | | | | | | | 0.00 |

**OCONUS actual expense reimbursement request require pre-approval and receipts/log.**

**Private Residence Actual Expense (Employees on Travel Status Only)**

| Name | Address | Number of Nights | Total Amount (Max $25/Night) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | **Total Lodging Expense (carry amount forward to Lodging line on page 1)** | | 0.00 |